Case 2:05-bk-24883 Doc 2 Filed 10/14/05 Entered 10/24/05 12:22:45 Desc Main.

United States Bankruptty Chage 1 of 8

SOUTHERN DISTRICT OF WEST VIRGINIA

VOLUNTARY PETITION

Name of Debtor - (If individual, enter Last, First, Middle):					
	Name of Joint Debtor (Spouse) (Last, First, Middle):				
GRACE, RONALD ALAN	GRACE, JOSETTE RENEE				
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by the Joint D (include married, maiden, and trade name	ebtor in the last 6 years s):			
None	None				
Last four digits of Soc. Sec. No./Complete EIN or other Tex I.D. No. (if more than one, state all): 2.485	Last four digits of Soc. Sec. No./Complete ElN or other Tax I.D. No. (if more than one, state all): 4230				
Street Address of Debtor (No. & Street, City, State & Zip Code):	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):				
24 Pennacle Drive	24 Pennacle Drive				
Charleston, WV 25311	Charleston, WV 25311				
County of Residence or of the Principal Place of Business: Kanawha	County of Residence or of the Principal Place of Business:	Kanawha			
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if d	ifferent from street address):			
	T				
	İ				
Location of Principal Assets of Business Debtor:					
(if different from address listed above)	İ				
Information Regarding the De					
	and the state of t	Probability Vis or - influentiation of performance and an experience of the control of the co			
Venue (Check any applicable box)	as expained penate in this Dietrict for 180 day	ve immediately proceding the date of this			
Debtor has been domiciled or has had a residence, principal place of business	, of principal assets in this district for 100 day				
petition or for a longer part of such 180 days than in any other District.	•	yy miniculately presenting and date or the			
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CASE NO:__

RECEIPT NO: 7773 AMOUNT PAID: 839.00

	Case 2:0	5-bk-2488	3 Doc 2			Entered 10/24/05 12:22:4 Page 2 of 8 ne of Debtor(s):	5 Desc N	/lain	
voidinary i circion					RONALD ALAN GRACE and JOSETTE RENEE GRACE				
(This page must be completed and filed in every case).			Years (If more than one, attach additional sheets)						
Loc	ocation			0,000,000	se Number	Date Filed	86468888777 V/88888888		
	Where Filed: None					·			
983	Per	ding Bankrupic)	Case Filed By	Any Spouse, Partner (Y AM	r Affiliate Of This Debtor (If more than one, attach additional sheet)			
Name of Debtor None						se Number	Date Filed		
Dis	strict	<u></u> .		<u>.</u> .	Re	lationship	Judge		
: :	Signatur	re(s) of Debtor	(e) (Individua		TAN	URES Exhibit A		ggyes, () — CSRNESSECTORS () PCNAC () — (1888) (1987) (1988)	
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition					(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q)				
is true and correct (If petitioner is an individual whose debts are primarily consumer debts and				with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)					
has chosen to file under chapter 7) I am aware that I may proceed under				Exhibit A is attached and made a part of this petition					
chapter 7, 11, 12 and 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.			'	Exhibit B					
					be completed if debtor is an individual whose de				
request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Romald A Share, DDS Signature of Debtor			I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.						
$^{\sim}$	Signature of Debto	r <i>y flate</i>	<u>, 003</u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
V	هه در د د	m, M.			^	Signature of Attorney for Debtor(s)	D	ate	
^	Signature of Joint I	Debtor	are.			Exhibit C			
Telephone Number (If not represented by attorney)			Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?						
			pos	Yes, and Exhibit C is attached and made part of this petition.					
			X No						
Date // Signature of Attorney					Signature of Non-Attorney F	 Petition Prenare			
	. (4	Signature o	- Altorney			,	·		
Signature of Attorney for Debtor(s)			· lice ; pre	I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.					
CHRISTOPHER S. SMITH 3457								cot	
	Printed Name of A	=	(5)						
Hoyer, Hoyer & Smith, PLLC				Printed or Typed Name of Bankruptcy Petition Preparer					
Firm Name									
	22 Capitol Stree	et				Social Security Number (Required by 11 U.S.C	C. § 110)		
	Charleston, WV					,			
	Address		••	(304) 344-9519					
	(304) 344-9821 Telephone N umbe			Fax Number	}				
						Address	-	Telephone Number	
	_								
	Date					mes and Social Security numbers of all other incorporating this document:	tividuals who prepa	ared or assisted	
Signature of Debtor (Corporation/Partnership) I declare under penalty of parjury that the Information provided in this									
petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.			If more than one person prepared this document, attach additional signed sheets conforming to the appropriate official form for each person.						
	The debtor request	s relief in accorda	nce with the cha	pter of title 11,					
	United States Code	s, specified in this	petition.		$_{\dagger}$ X	Signature of Bankruptcy Petition Preparer			
Х	Signature of Author	rized Individual	"			Signature or Benkrupicy Petition Preparer			
	Printed Name of A	uthorized Individu	<u></u>			Date			
	Title of Authorized	Individual		-	the	ankruptcy petition preparer's failure to comply wi Federal Rules of Bankruptcy Procedure may res h 11 U.S.C. § 110; 18 U.S.C. § 158,	ith the provisions o sult in fines or impri	f title 11 and isonment or	

CHRISTOPHER S. SMITH Hoyer, Hoyer & Smith, PLLC 22 Capitol Street Charleston, WV 25301 Tel: (304) 344-9821 Fax: (304) 344-9519

Attorney for Petitioners

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF WEST VIRGINIA CHARLESTON

In re:
RONALD ALAN GRACE
JOSETTE RENEE GRACE
Debtors

Chapter 11

Case Number:

VERIFICATION OF CREDITOR MAILING MATRIX

The above named debtors or debtors' attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 1 pages including this declaration, is complete, correct and consistent with the debtors' schedules pursuant to the local bankruptcy rules and we assume all responsibility for errors and omissions.

Dated: Thursday, October 13, 2005

RONALD ALAN GRACE

Debtor

JOSEVTE RENEE GRACE

Joint Debtor

CHRISTOPHER S. SMITH

Attorney for Petitioners

TWENTY LARGEST CREDITORS

MBNA AMERICA P.O. BOX 15137 WILMINGTON, DE 19886-5137

CITI CARDS P.O. BOX 183069 COLUMBUS, OH 43218-3069

USAA CREDIT CARD SERVICES 10750 MCDERMOTT FWY SAN ANTONIO, TX 78288-0570

MIDTOWN DENTAL LABORATORY 909 OAKHURST DRIVE CHARLESTON, WV 25314

DISCOVER PLATINUM CARD P.O. BOX 15251 WILMINGTON, DE 19886-5251

HPSC, INC. CUSTOMER CARE ONE BEACON STREET, 2ND FLOOR BOSTON, MA 02108

SEARS CREDIT CARDS P.O. BOX 182456 COLUMBUS, OH 43218-2156

BENCO DENTAL 11 BEAR CREEK BLVD P.O. BOX 1108 WILKES-BARRE, PA 18773-1108

NBNA AMERICA (DE), N.A. P.O. BOX 15342 WILMINGTON, DE 19886-5342

LOWE'S P.O. BOX 530914 ATHANTA, GA 30353-0914

DELL FINANCIAL SERVICES PAYMENT PROCESSING CENTER P.O. BOX 5292 CAROL STREAM, 1L 60197-5292 C1TI CARDS P.O. BOX 183053 COLUMBUS, OH 43218-3053

HENRY CHEIN 135 DURYEA ROAD MELVILLE, NY 11747

ULTRADENT PRODUCTS, INC. ATTN: ACCOUNTS RECRIVABLE P.O. BOX 26477 SALT LAKE CITY, UT 84126-0477

GLIDEWELL LABORATORIES P.O. BOX 33327 DETROIT, MI 48232-9924

DSG TINCHER BUTLER DENTAL LABORATORY 1799 SMIZER STATION ROAD P.O. BOX 3636 FENTON, MO 63026

ACCU-BITE, INC. 9429 RELIABLE PARKWAY CHICAGO, 1L 60686

PRISMARK DENTAL 1615 COLLAMAR AVENUE P.O. BOX 10815 CLEVELAND, OH 44110

DENTAL SUPPLIES & EQUIPMENT 3252 ROUTE 60 EAST ONA WEST INDUSTRIAL PARK ONA, WV 25545

MAILING MATRIX

ACCU-BITE, INC 9429 RELIABLE PARKWAY CHICAGO, IL 60686

ALLEGHENY POWER 800 CABIN HILL DRIVE GREENSBURG PA 15606-0001

AMERICAN DENTAL ACCESSORIES, INC. 7310 OXFORD STREET MINNEAPOLIS, MN 55426

BENCO DENTAL 11 BEAR CREEK BLVD PO BOX 1108 WILKES-BARRE, PA 18773-1108

CITT CARDS FO BOX 183069 COLUMBUS, OH 43218-3069

CITI CARDS PO BOX 183053 COLUMBUS, OH 43218-3053

COLOR CRAFT PRINTING 3126 SEVENTH AVENUE CHARLESTON, WV 25312

DELL FINANCIAL SERVICES PAYMENT PROCESSING CENTER P.O. BOX 5292 CAROL STREAM, IL 60197-5292

DEN-MAT PROFESSIONAL PRODUCTS CORP. FILE NO. 52510 LOS ANGELES, CA 90074-2510

DENTAL SUPPLIES & EQUIPMENT 3252 ROUTE 60 EAST ONA WEST INDUSTRIAL PARK ONA, WV 25545

DISCOVER PLATINUM CARD PO BOX 15251 WILMINGTON, DE 19886-5251

DSG TINCHER/BUTLER DENTAL LABORATORY P.O. BOX 2612 CHARLESTON, WV 25329

GLIDEWELL LABORATORIES P.O. BOX 33327 DETROIT, MT 48232-9924 HENRY SCHEIN 135 DURYEA ROAD MELVILLE, NY 11747 COLLECTION AGENCY: A.G. ADJUSTMENTS

HPSC, INC. CUSTOMER CARE ONE BEACON STREET, 2ND FLOOR BOSTON, MA 02108

HUNTINGTON BANKS EA1W18 FO BOX 182387 COLUMBUS OH 43218-2387

HUNTINGTON MORTGAGE PO BOX 182367 COLUMBUS, OHIO, 43218-2387

INTERNAL REVENUE SERVICE PO BOX 145566 CINCINNATI, OHIO 45250-5566

LOWE'S P.O. BOX 530914 ATLANTA, GA 30353-0914

MBNA AMERICA P.O. BOX 15137 WILMINGTON, DE 19886-5137

MBNA AMERICA (DE), N.A. PO BOX 15342 WYLMINGTON, DE 19886-5342

MIDTOWN DENTAL LABORATORY 909 OAKHURST DRIVE CHARLESTON, WV 25314

ORDONT ORTHODONTIC LABORATORIES 1799 SMIZER STATION ROAD P.O. BOX 3636 FENTON, MO 63026

PRISMARK DÉNTAL 1615 COLLAMER AVE PO BOX 10815 CLEVELAND, OH 44110

PROCTER & GAMBLE PO BOX 4751 MARTINSVILLE, VA 24115-4751

STERNGOLD DENTAL, LLC PO BOX 845283 BOSTON, MA 02284-5283

SYCOM PO BOX 88042 CHICAGO, IL 60680-1042 TANDEM ORAL CARE 50 LAKEVIEW PARKWAY, #117 VERNON HILLS, 1L 60061

ULTRADENT PRODUCTS, INC. ATTN: ACCOUNTS RECEIVABLE PO BOX 26477 SLC, UT 84126-0477

USAA CREDIT CARD SERVICES 10750 MCDERMOTT FWY SAN ANTONIO, TX 78288-0570

VERIZON PO BOX 17577 BALTIMORE, MD 21297-0513

WEST VIRGINIA DIRECTORY CO. P.O. BOX 11627 CHARLESTON, WV 25339

WV STATE TAX DEPARTMENT